

# Affidavit of Male Applicant for Marriage License

Must be filled in  
by male applicant

# MALE

State of WASHINGTON } SS  
County of

The undersigned, being first duly sworn, deposes as follows:

That if I am afflicted with any contagious sexually transmitted disease, the condition is known to the female applicant. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian

Address \_\_\_\_\_  
(present) Street

City State Zip

Address \_\_\_\_\_  
(Past Six Months) Street

City State Zip

Print Name in Full

X \_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me on

day month year

Deputy Auditor - Notary Public:

# Affidavit of Female Applicant for Marriage License

Must be filled in  
by female applicant

# FEMALE

State of WASHINGTON } SS  
County of

The undersigned, being first duly sworn, deposes as follows:

That if I am afflicted with any contagious sexually transmitted disease, the condition is known to the male applicant. Marriage license is not valid for 3 days from date of application and is void if marriage is not solemnized in the State of Washington within sixty (60) days of issuance of license.

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthplace \_\_\_\_\_

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian

Address \_\_\_\_\_  
(present) Street

City State Zip

Address \_\_\_\_\_  
(Past Six Months) Street

City State Zip

Print Name in Full

X \_\_\_\_\_  
Signature in Full

Subscribed and sworn to before me on

day month year

Deputy Auditor - Notary Public:

# Parents' or Guardians' Consent

## Male

I hereby certify that I am (Parent-Guardian)

of \_\_\_\_\_

who is \_\_\_\_\_ years of age and give

my full consent to his marriage

to \_\_\_\_\_

## Female

I hereby certify that I am (Parent-Guardian)

of \_\_\_\_\_

who is \_\_\_\_\_ years of age and give

my full consent to her marriage

to \_\_\_\_\_

X \_\_\_\_\_  
Signature Parent/Guardian of Male Applicant

X \_\_\_\_\_  
Signature Parent/Guardian of Female Applicant

Subscribed and sworn to before me on

day month year

Deputy Auditor - Notary Public:

Date of Application

Date License Valid

Marriage License No.